CRF-IFTA (4/03) GEORGIA DEPARTMENT OF REVENUE REGISTRATION UNIT P. O. BOX 49512 ATLANTA, GA 30359-1512



(PLEASE PRINT OR TYPE)

IFTA MOTOR CARRIER REGISTRATION APPLICATION (Please Read Instructions Before Completing)

FOR OFFICE USE ONLY	1. STATE TAXPAYER IDENTIFIER:	2. FEI OR SSN (Required)			
002 01121	3. LEGAL BUSINESS NAME	4. DBA NAME			
	5. ADDRESS	6. LOCATION ADDRESS (Required)			
	7. COMPANNICA: Desperation				
	7. COMPANY IS A: CORPORATION OTHER (Specify)	☐ PARTNERSHIP ☐ SOLE PROPRIETOR			
	8. US DOT NUMBER	9. IRP NUMBER			
	10. HAVE YOU EVER BEEN LICENSED UNDER IFTA IN ANOTHER STATE? YES NO IF YES, WHICH STATE?	11. PHONE NUMBER (Required) () Area Code			
	12. YEAR FOR WHICH APPLICATION IS MADE				
	MOTOR CARRIER IDE	ENTIFICATION MARKERS			
	13. NUMBER OF DIESEL POWERED VEHICLES				
	NUMBER OF GASOLINE POWERED 14. VEHICLES				
	15. NOMBER OF LP POWERED VEHICLES				
	16. OTHER				
	17. TOTAL NUMBER OF MOTOR CARRIER DECAL SETS:	X \$3.00 PER SET = \$			
	18. CITATION FEE				
	DECLARATION STATEMENT				
		I license display requirements as specified in the Georgia IFTA a to withhold any refund of tax overpayment, if delinquent taxes are du ions shall be grounds for revocation or suspension of the license in all			
	The applicant, <u>certifies with his signature</u> that to the best of his/her falsification subjects him/her to the offense of making a written false	knowledge, the information is true, accurate and complete and any se statement to a government official.			
	Signature	Title Date			
	(Must be signed by owner partner or authorized of	fficer of corporation – Stamped signature not acceptable)			

	JRISDICTIONS	
	le below by placing an "X" nex vhich you have IRP fleets regi	t to the jurisdictions in which you plan to operate "Qualified Motor Vehicles", maintain bulk stered.
A = Operate Motor Ve	ehicles B = Storage	C = IRP Fleets
□ □ AR Ark. □ □ AZ Ariz □ □ CA Cali □ □ CO Colo □ □ CT Cor □ □ DC Dist □ □ DE Dela □ □ FL Flor	bama	A B C L Illinois
CANADIAN PROVINCE	ES	
	A B C va Scotia □ □ □ AB N Territory □ □ □ BC tario □ □ LB	A B C Alberta British Columbia Labrador A B C A B C D D PE Prince Edward Island NEW Brunswick D D D PQ Quebec D SK Saskatchewan D D YT Yukon Territory
FOR OFFICE USE ONLY	(7	OWNERSHIP/RELATIONSHIP SECTION
OSE ONE!	20. CHECK ALL THAT APP	is section MUST be completed for your application to be accepted) Y GEORGIA IFTA EFFECTIVE DATE: / /
	Owner Partner Officer	☐ Parent Company ☐ Manager ☐ Related Business ☐ Shareholder ☐ Tobacco Licensee ☐ Motor Fuel Supplier ☐ Alcohol Licensee ☐ Tobacco Distributor ☐ Managing Member
	A BUSINESS NAME	STI or LICENSE NO.
	B GA. SALES TAX NO.	GA. WITHHOLDING TAX NO.
	B GA. SALES TAX NO. C LAST NAME	GA. WITHHOLDING TAX NO. FIRST M.I. TITLE SOC SEC NO.
	C LAST NAME	
	C LAST NAME D ADDRESS	FIRST M.I. TITLE SOC SEC NO. STATE ZIP COUNTY COUNTRY PHONE ()
	C LAST NAME D ADDRESS E CITY	FIRST M.I. TITLE SOC SEC NO. STATE ZIP COUNTY COUNTRY PHONE ()
	C LAST NAME D ADDRESS E CITY 21. CHECK ALL THAT APP Owner Partner	FIRST M.I. TITLE SOC SEC NO. STATE ZIP COUNTY COUNTRY PHONE () Y GEORGIA IFTA EFFECTIVE DATE: / / Parent Company Manager Related Business Shareholder Tobacco Licensee Motor Fuel Supplier
	C LAST NAME D ADDRESS E CITY 21. CHECK ALL THAT APP Owner Partner Officer	FIRST M.I. TITLE SOC SEC NO. STATE ZIP COUNTY COUNTRY PHONE () Y GEORGIA IFTA EFFECTIVE DATE: / / Parent Company Manager Related Business Shareholder Tobacco Licensee Motor Fuel Supplier Alcohol Licensee Tobacco Distributor Managing Member
	C LAST NAME D ADDRESS E CITY 21. CHECK ALL THAT APP Owner Partner Officer A BUSINESS NAME	FIRST M.I. TITLE SOC SEC NO. STATE ZIP COUNTY COUNTRY PHONE () Y GEORGIA IFTA EFFECTIVE DATE: / / Parent Company Manager Related Business Shareholder Tobacco Licensee Motor Fuel Supplier Alcohol Licensee Tobacco Distributor Managing Member STI or LICENSE NO.
	C LAST NAME D ADDRESS E CITY 21. CHECK ALL THAT APP Owner Partner Officer A BUSINESS NAME B GA. SALES TAX NO.	FIRST M.I. TITLE SOC SEC NO. STATE ZIP COUNTY COUNTRY PHONE () Y GEORGIA IFTA EFFECTIVE DATE: Parent Company Manager Related Business Motor Fuel Supplier Alcohol Licensee Tobacco Distributor Managing Member STI or LICENSE NO. GA. WITHHOLDING TAX NO.